

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Radiology Association

ADDRESS (number and street)

1891 Preston White Drive

☐Check if different
than previously
reported. (ACC)

Reston

VA

20191

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343459

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☒Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

11

01

2007

through

11

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DR Milton Guiberteau

Signature of Treasurer

Electronically Filed by DR Milton Guiberteau

Date

12

19

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	1	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2007		365524.77
(b) Cash on Hand at Beginning of Reporting Period	365750.44	
(c) Total Receipts (from Line 19)	64277.17	725722.73
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	430027.61	1091247.50
7. Total Disbursements (from Line 31)	73073.94	734293.83
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	356953.67	356953.67
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	53555.09	617643.14
(ii) Unitemized	9712.67	96424.55
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	63267.76	714067.69
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	63267.76	714067.69
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1009.41	11655.04
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	64277.17	725722.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	64277.17	725722.73

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	3928.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	3928.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	72000.00	717000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	1073.94	13365.83
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	73073.94	734293.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	73073.94	734293.83

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	63267.76	714067.69
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	63267.76	714067.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	3928.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	3928.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) Dr. Laurence Cambron Mailing Address 3912 Dogwood Pl City State Zip Code Mount Vernon WA 98274-8750 FEC ID number of contributing federal political committee. C Name of Employer Skagit Radiology Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7 Transaction ID: 22134006 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Dr. James LaManna Mailing Address 513 Clarion Drive City State Zip Code Gillette WY 82718-7596 FEC ID number of contributing federal political committee. C Name of Employer Gillette Medical Imaging, P.C. Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7 Transaction ID: 22134007 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. John Eklund Mailing Address 1622 Linner Rd City State Zip Code Wayzata MN 55391-2214 FEC ID number of contributing federal political committee. C Name of Employer Center for Diagnostic Imaging Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7 Transaction ID: 22134009 Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Ronald Pobiel

Mailing Address Center for Diagnostic Imaging
5775 Wayzata Blvd Ste 190

City State Zip Code
Saint Louis Park MN 55416-1236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center for Diagnostic Imaging (CDI)

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 7

Transaction ID: 22134052

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Mark Depper

Mailing Address 13516 Osage Orange Rd NE

City State Zip Code
Albuquerque NM 87111-8217

FEC ID number of contributing
federal political committee.

C

Name of Employer
X-Ray Assoc. of NM

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 7

Transaction ID: 22134054

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. David Lee

Mailing Address 2195 Como Ave

City State Zip Code
Saint Paul MN 55108-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Paul Radiology, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 7

Transaction ID: 22134055

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) Dr. Byron May		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7	
Mailing Address Wellmont Holston Valley Hosp 130 W Ravine Rd		Transaction ID: 22134058	
City Kingsport State TN Zip Code 37660-3831		Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-employed Occupation Radiation Oncologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	
B. Full Name (Last, First, Middle Initial) Dr. Douglas May		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7	
Mailing Address 467 Maple Ln		Transaction ID: 22134122	
City Danville State VA Zip Code 24541-3531		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Danville Radiologist Inc Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
C. Full Name (Last, First, Middle Initial) Dr. Tie Ong		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7	
Mailing Address Dept of Radiology 700 W Grove St		Transaction ID: 22134123	
City El Dorado State AR Zip Code 71730-4416		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Union Medical Center Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) Dr. Daniel Young		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7
Mailing Address Childrens Hospital 1600 7th Ave S		Transaction ID: 22134124
City Birmingham State AL Zip Code 35233-1785	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Children's Hospital	Occupation Pediatric Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
B. Full Name (Last, First, Middle Initial) Dr. David Poage		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7
Mailing Address 1337 S 101st St Apt 107		Transaction ID: 22134125
City Omaha State NE Zip Code 68124-1095	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer CU Medical Center	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
C. Full Name (Last, First, Middle Initial) Dr. Carl Schultz		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7
Mailing Address 1424 N Laurel Ave		Transaction ID: 22134126
City Upland State CA Zip Code 91786-2765	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer San Antonio Radiological Medical Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Michael Levitt

Mailing Address 6401 Worchester Drive

City State Zip Code
 Nashville TN 37221-3709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Diagnostic Imagi-
ng

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 8 / 2 0 0 7

Transaction ID: 22134205

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. David Pennes

Mailing Address Apt 303
 2059 E Wyndham Hill Dr NE

City State Zip Code
 Grand Rapids MI 49505-6358

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Radiology Serv-
es

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 8 / 2 0 0 7

Transaction ID: 22134208

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Stuart Bobman

Mailing Address 3680 Broadway

City State Zip Code
 Fort Myers FL 33901-8005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Regional Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 8 / 2 0 0 7

Transaction ID: 22149299

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 95

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
Dr. Kevin Woolley

Mailing Address 12007 E Ida Cir

City State Zip Code
Englewood CO 80111-4128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colorado Imaging Associat-
esOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	0	7

Transaction ID: 22149302

Amount of Each Receipt this Period

365.00

B. Full Name (Last, First, Middle Initial)
Dr. Tammam Nehme

Mailing Address 942 Briarwood Dr

City State Zip Code
East Wenatchee WA 98802-8303

FEC ID number of contributing
federal political committee.

C

Name of Employer
RadiaOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	0	7

Transaction ID: 22149304

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Dr. Patricia Shapiro

Mailing Address 18 Captains Crossing

City State Zip Code
Savannah GA 31411-2104

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Coast Medical GroupOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	0	7

Transaction ID: 22149728

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. John Harding

Mailing Address 702 Tranquility Turn

City

Marlton

State

NJ

Zip Code

08053-5337

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Jersey Radiology As-
soc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 0 7

Transaction ID: 22149730

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. A Joseph Borelli, JR

Mailing Address 15 Bear Island Rd

City

Hilton Head Island

State

SC

Zip Code

29926-1955

FEC ID number of contributing
federal political committee.

C

Name of Employer
MRI at Belfair

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 0 7

Transaction ID: 22150356

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Veena Mathur

Mailing Address Diagnostic Rad of Anderson
211 S Main St

City

Anderson

State

SC

Zip Code

29624-1620

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diagnostic Radiology of
Anderson

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 0 7

Transaction ID: 22150357

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 95

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
Dr. Daniel Schwartzberg

Mailing Address 1250 McLynn Ave NE

City State Zip Code
Atlanta GA 30306-2530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia Baptist HospitalOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	0	7

Transaction ID: 22227917

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)
Dr. Harold White

Mailing Address 2477 Sourek Rd

City State Zip Code
Akron OH 44333-2928

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology & Imaging Services, Inc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	7

Transaction ID: 22245772

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Dr. James Johnson

Mailing Address 401 Mocksville Ave Ste 100

City State Zip Code
Salisbury NC 28144-2737

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piedmont Radiological Associates, P.A.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	7

Transaction ID: 22245773

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

905.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 95

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Timothy Allen

Mailing Address 7538 SW Blue Inn Place

City State Zip Code
 Topeka KS 66614-4674

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology & Nuclear Medic-
ine, LLC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 3 / 2 0 0 7

Transaction ID: 22246304

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr. Mark Girard

Mailing Address 3 Crown Way

City State Zip Code
 Marblehead MA 01945-2708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 3 / 2 0 0 7

Transaction ID: 22246325

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Bruce Bordlee

Mailing Address 1301 W Dumbarton Dr

City State Zip Code
 Lake Charles LA 70605-2558

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Southwest LA

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 3 / 2 0 0 7

Transaction ID: 22246326

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 95

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Charles Requard

Mailing Address 4251 N Bear Claw Way

City State Zip Code
Tucson AZ 85749-9600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 7

Transaction ID: 22246335

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Scott Lewis

Mailing Address 1300 11th St SW

City State Zip Code
Minot ND 58701-5744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 7

Transaction ID: 22246337

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Carlos Bazan, III

Mailing Address 310 Tamworth Dr

City State Zip Code
San Antonio TX 78213-1941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ. of Texas Health Sci-
ence Ctr.

Occupation
Neuroradiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 7

Transaction ID: 22246338

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 95

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Herbert Hamilton

Mailing Address 4707 Mossy Oak Trl

City State Zip Code
 Rogers AR 72758-8648

FEC ID number of contributing federal political committee.

C

Name of Employer
Northwest Arkansas Rad.
Assoc., P.A.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 3 / 2 0 0 7

Transaction ID: 22246343

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Stephen Humphrey

Mailing Address PO Box 249

City State Zip Code
 Goodlettsville TN 37070-0249

FEC ID number of contributing federal political committee.

C

Name of Employer
Advanced Diagnostic Imagi-
ngOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 3 / 2 0 0 7

Transaction ID: 22246348

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Jeffrey Dunkle

Mailing Address 6671 Boxcar Pl

City State Zip Code
 Indianapolis IN 46220-1786

FEC ID number of contributing federal political committee.

C

Name of Employer
Indiana Radiology Partner-
s, Inc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 3 / 2 0 0 7

Transaction ID: 22246349

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 95

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. John Shierholz

Mailing Address 4788 Copperstone Dr

City State Zip Code
 Ames IA 50010-9395

FEC ID number of contributing
federal political committee.

C

Name of Employer
McFarland Clinic, P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 0 7

Transaction ID: 22255426

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. John Tamminen, III

Mailing Address PO Box 10068

City State Zip Code
 Blacksburg VA 24062-0068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carilion Medical Group

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 0 7

Transaction ID: 22255429

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. John Knudson

Mailing Address 2549 Lake Ridge Cir

City State Zip Code
 Wichita KS 67205-1320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wichita Radiology Group

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 0 7

Transaction ID: 22255439

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

Dr. Marc Chitty

Mailing Address 3603 Park Ln S

City State Zip Code
 Birmingham AL 35213-4433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Birmingham Radiology Group

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 0 7

Transaction ID: 22255440

Amount of Each Receipt this Period

365.00

B. Full Name (Last, First, Middle Initial)

Dr. Jeffrey Lang

Mailing Address 180 E End Ave Apt 49A

City State Zip Code
 New York NY 10128-7763

FEC ID number of contributing
federal political committee.

C

Name of Employer
Progressive Medical Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 0 7

Transaction ID: 22255444

Amount of Each Receipt this Period

365.00

C. Full Name (Last, First, Middle Initial)

Dr. Richard Mayer

Mailing Address 2812 Bear Island Pointe

City State Zip Code
 Winter Park FL 32792-9426

FEC ID number of contributing
federal political committee.

C

Name of Employer
Space Coast Radiology Ass-
ociates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 0 7

Transaction ID: 22255445

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Benjamin Conner

Mailing Address 2720 Nottingham St

City State Zip Code
Houston TX 77005-2422

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Radiology Asso-
ciates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 7

Transaction ID: 22255446

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Steven Leonard

Mailing Address PO Box 4975

City State Zip Code
Tulsa OK 74159-0975

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Tulsa

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 7

Transaction ID: 22255447

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Dr. James Timmons

Mailing Address 21 Lynwood Dr

City State Zip Code
Battle Creek MI 49015-7911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants PC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 7

Transaction ID: 22255477

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) Dr. E Hunter Welles, III Mailing Address 6 Northwood Ave City State Zip Code Jackson TN 38301-4450 FEC ID number of contributing federal political committee. C Name of Employer Jackson Radiology Associates Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 7 Transaction ID: 22255478 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Dr. Donald Risinger Mailing Address 3521 Lake Heights Dr City State Zip Code Waco TX 76708-1005 FEC ID number of contributing federal political committee. C Name of Employer Hillcrest Baptist Hospital Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 7 Transaction ID: 22255480 Amount of Each Receipt this Period 365.00
C. Full Name (Last, First, Middle Initial) Dr. Martin Black Mailing Address Hendersonville Radiological Consul 807 N Justice St City State Zip Code Hendersonville NC 28791-3409 FEC ID number of contributing federal political committee. C Name of Employer Pardee Hospital Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 7 Transaction ID: 22255544 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Eric Russell

Mailing Address Northwestern Radiology
676 N Saint Clair St Ste 800

City State Zip Code
Chicago IL 60611-2978

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Memorial Hos-
pital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 7

Transaction ID: 22255550

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. James Schlund

Mailing Address 3257 Shadybrook Ln

City State Zip Code
Chico CA 95928-3984

FEC ID number of contributing
federal political committee.

C

Name of Employer
North State Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 7

Transaction ID: 22255551

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Richard H. Daffner

Mailing Address Allegheny General Hospital
320 E North Ave

City State Zip Code
Pittsburgh PA 15212-4772

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allegheny General Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 7

Transaction ID: 22255552

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 95

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

Dr. P Lynwood Stagg, III

Mailing Address 115 Pearce Dr

City State Zip Code
 Jamestown NC 27282-8444

FEC ID number of contributing
federal political committee.

C

Name of Employer
High Point Radiological
Services

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 0 7

Transaction ID: 22256113

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. Richard Satre

Mailing Address 728 134th St SW Ste 120

City State Zip Code
 Everett WA 98204-5322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 0 7

Transaction ID: 22256129

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. John Lohnes, JR

Mailing Address Wichita Radiological Group PA
 PO Box 8903

City State Zip Code
 Wichita KS 67208-0903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wichita Radiological Group
PA

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 0 7

Transaction ID: 22256354

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

Dr. William Fife

Mailing Address 256 NW Pacific Grove Dr

City State Zip Code
 Beaverton OR 97006-8352

FEC ID number of contributing
federal political committee.

C

Name of Employer
LAC/USC Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 0 7

Transaction ID: 22256356

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. Thomas Lawrence

Mailing Address 21 Flagship Cv

City State Zip Code
 Greensboro NC 27455-3428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro Radiology PA

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 0 7

Transaction ID: 22256357

Amount of Each Receipt this Period

75.00

C. Full Name (Last, First, Middle Initial)

Dr. Curtis Poor

Mailing Address 2415 Eagle Cir

City State Zip Code
 Bettendorf IA 52722-6202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Group PC SC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 0 7

Transaction ID: 22256358

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 95

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Charles Williams, III

Mailing Address 2117 Cleveland Street Ext

City State Zip Code
 Greenville SC 29607-3649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology, PA

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 6 / 2 0 0 7

Transaction ID: 22282848

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr. Bradford Richmond

Mailing Address Cleveland Clinic Foundation
 9500 Euclid Ave

City State Zip Code
 Cleveland OH 44195-5021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cleveland Clinic Founda-
 tion

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 6 / 2 0 0 7

Transaction ID: 22282849

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Dr. Murray Becker

Mailing Address 56 Independence Dr

City State Zip Code
 East Brunswick NJ 08816-3286

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Radiology Group

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 6 / 2 0 0 7

Transaction ID: 22282850

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 95

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
Dr. Andrew Beloni
Mailing Address 5624 Laurium Rd

City State Zip Code
Charlotte NC 28226-5610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: 22282851

Amount of Each Receipt this Period

45.00

B. Full Name (Last, First, Middle Initial)
Dr. David Buck
Mailing Address 144 Penhurst Dr

City State Zip Code
Pittsburgh PA 15235-5320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensburg X-Ray Associat-
es

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

712.94

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: 22282852

Amount of Each Receipt this Period

30.42

C. Full Name (Last, First, Middle Initial)
Dr. Gary Geil
Mailing Address Heritage Medical Bldg
1100 N Tustin Ave

City State Zip Code
Santa Ana CA 92705-3509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: 22282854

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

115.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Stephen Agatston

Mailing Address 3206 Saint Johns Dr

City State Zip Code
 Dallas TX 75205-2919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 6 / 2 0 0 7

Transaction ID: 22282855

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr. Lonnie Simmons

Mailing Address Gundersen Lutheran Clinic
 1900 South Ave

City State Zip Code
 La Crosse WI 54601-5494

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gundersen Lutheran Clinic

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 6 / 2 0 0 7

Transaction ID: 22282856

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Dr. Terry Martin

Mailing Address Rad Assoc of Birmingham PC
 2090 Columbiana Rd Ste 4400

City State Zip Code
 Birmingham AL 35216-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rad Assoc of Birmingham
PC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 6 / 2 0 0 7

Transaction ID: 22282902

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

191.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 95

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Douglas Picton

Mailing Address 1911 NC Highway 121

City State Zip Code
 Greenville NC 27834-7187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 6 / 2 0 0 7

Transaction ID: 22282903

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Dr. Stuart Markowitz

Mailing Address 66 Berwyn Road

City State Zip Code
 West Hartford CT 06107-1104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jefferson Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 6 / 2 0 0 7

Transaction ID: 22282904

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Dr. Daniel Cohen

Mailing Address 1480 Brookfield Road

City State Zip Code
 Yardley PA 19067-3930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Affiliates of
Central NJ

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 6 / 2 0 0 7

Transaction ID: 22282905

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

Dr. Michael Tripp

Mailing Address 751 Lexington Dr

City State Zip Code
 Greenville NC 27834-0508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 6 / 2 0 0 7

Transaction ID: 22282906

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)

Dr. Kent Lancaster

Mailing Address Radiology Associates of Berrien
 416 State St Ste A

City State Zip Code
 Saint Joseph MI 49085-1250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Berrie

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 6 / 2 0 0 7

Transaction ID: 22282910

Amount of Each Receipt this Period

42.00

C. Full Name (Last, First, Middle Initial)

Dr. Eric M. Martin

Mailing Address 1818 Bloomsbury Rd

City State Zip Code
 Greenville NC 27858-9612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 6 / 2 0 0 7

Transaction ID: 22282911

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

122.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
Dr. Roger Vithalani
Mailing Address 516 Chesapeake Place

City State Zip Code
Greenville NC 27858-0678

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: 22282912

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)
Dr. Jeffrey Mewborne
Mailing Address 1702 S Thames Ct

City State Zip Code
Greenville NC 27858-8130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: 22282913

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)
Dr. Douglas Montgomery
Mailing Address 109 Foxcroft Rd

City State Zip Code
West Hartford CT 06119-1018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jefferson Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: 22282914

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 95

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. James Eisenberg

Mailing Address The Defiance Clinic
1400 E 2nd St

City State Zip Code
Defiance OH 43512-2494

FEC ID number of contributing
federal political committee.

C

Name of Employer
Defiance Clinic

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: 22282931

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr. Eric Sax

Mailing Address 9 Old Sudbury Rd

City State Zip Code
Lincoln MA 01773-4807

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Imaging Institute

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: 22282932

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Dr. Jorge Albin

Mailing Address 645 Mulberry Ln

City State Zip Code
Bellaire TX 77401-3803

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Joseph Radiology Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: 22282933

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

225.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Joseph Lurito

Mailing Address Eastern Radiologists
9 Doctors Park

City State Zip Code
Greenville NC 27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: 22282934

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr. H E. Longmaid, III

Mailing Address 52 Harwich Rd

City State Zip Code
Chestnut Hill MA 02467-3023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deaconess Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

459.69

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: 22282935

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Dr. Demetrius Morros

Mailing Address 1045 Lake Colony Ln

City State Zip Code
Birmingham AL 35242-7402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Birmingham Radiological
Group P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: 22283150

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

175.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Glenn Hananouchi

Mailing Address 1545 E La Quinta Dr

City State Zip Code
 Fresno CA 93730-4525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sierra Imaging Associates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 6 / 2 0 0 7

Transaction ID: 22283153

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Dr. Steven Leibel

Mailing Address 19 Woodleaf Ave

City State Zip Code
 Redwood City CA 94061-1823

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stanford University

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 6 / 2 0 0 7

Transaction ID: 22283154

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Dr. Kevin O'Brien

Mailing Address St Johns Macomb Hospital
 11800 E 12 Mile Rd

City State Zip Code
 Warren MI 48093-3494

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diagnostic Radiology Cons-
ultants, PC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 6 / 2 0 0 7

Transaction ID: 22283168

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) Dr. Rita Freimanis		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 7	
Mailing Address Wake Forest Univ Sch of Medicine Medical Center Blvd		Transaction ID: 22283169	
City State Zip Code Winston Salem NC 27157-1088		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Wake Forest Univ Sch of Medicine Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 275.00	
B. Full Name (Last, First, Middle Initial) Dr. Michael Lavelle		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 7	
Mailing Address 12103 Woodcliff Ln		Transaction ID: 22283170	
City State Zip Code Charlotte NC 28277-3033		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 440.00	
C. Full Name (Last, First, Middle Initial) Dr. Robert Mittl, JR		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 7	
Mailing Address 4733 Coburn Court		Transaction ID: 22283171	
City State Zip Code Charlotte NC 28277-2593		Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 462.00	
SUBTOTAL of Receipts This Page (optional)		107.00	
TOTAL This Period (last page this line number only)			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
Dr. Leonard Zawodniak

Mailing Address 1439 Garrett Dr

City State Zip Code
 Wall Township NJ 07719-9648

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jersey Shore Radiology As-
sociates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 6 / 2 0 0 7

Transaction ID: 22283174

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)
Dr. Joel Swartz

Mailing Address 1210 Page Ter

City State Zip Code
 Villanova PA 19085-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 6 / 2 0 0 7

Transaction ID: 22283175

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
Dr. Janet Storella

Mailing Address 6515 Fallwind Ln

City State Zip Code
 Bethesda MD 20817-4941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drs Grover, Christie & Me-
rriitt

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292114

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Janet Storella

Mailing Address 6515 Fallwind Ln

City

Bethesda

State

MD

Zip Code

20817-4941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drs Grover, Christie & Me-
rritt

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292115

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Dr. Stephen Chang

Mailing Address Associated Radiologists Ltd
1125 E Southern Ave Ste 200

City

Mesa

State

AZ

Zip Code

85204-5045

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVDI Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292116

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

C. Dr. Kevin Duwe

Mailing Address Associated Radiologists Ltd
1125 E Southern Ave Ste 200

City

Mesa

State

AZ

Zip Code

85204-5045

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVDI Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292117

Amount of Each Receipt this Period

260.00

SUBTOTAL of Receipts This Page (optional)

560.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 95

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Craig Hancock

Mailing Address Associated Radiologists Ltd
 1125 E Southern Ave Ste 300

City State Zip Code
 Mesa AZ 85204-5046

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 EVDI Medical Imaging

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292118

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

B. Dr. Stephen Hu

Mailing Address Associated Radiologists Ltd
 1125 E Southern Ave Ste 300

City State Zip Code
 Mesa AZ 85204-5046

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 EVDI Medical Imaging

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292120

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

C. Dr. William Jacoby

Mailing Address Associated Radiologists Ltd
 1125 E Southern Ave Ste 300

City State Zip Code
 Mesa AZ 85204-5046

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 EVDI Medical Imaging

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292121

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)

845.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. L Michelle Jennings

Mailing Address 2661 W Erie St

City State Zip Code
 Chandler AZ 85224-4153

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVDI Medical Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292122

Amount of Each Receipt this Period

195.00

Full Name (Last, First, Middle Initial)

B. Dr. Asim Khwaja

Mailing Address Associated Radiologists Ltd
 1125 E Southern Ave Ste 200

City State Zip Code
 Mesa AZ 85204-5045

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVDI Medical Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292123

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

C. Dr. Mark Madsen

Mailing Address 9770 E Mission Ln

City State Zip Code
 Scottsdale AZ 85258-5619

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVDI Medical Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292124

Amount of Each Receipt this Period

260.00

SUBTOTAL of Receipts This Page (optional)

715.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
Dr. Steven Malchow

Mailing Address 10598 E Sheena Dr

City State Zip Code
Scottsdale AZ 85255-1745

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVDI Medical ImagingOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	7	

Transaction ID: 22292125

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)
Dr. John McGill

Mailing Address 9318 E Flathorn Dr

City State Zip Code
Scottsdale AZ 85255-6607

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVDI Medical ImagingOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	7	

Transaction ID: 22292126

Amount of Each Receipt this Period

260.00

C. Full Name (Last, First, Middle Initial)
Dr. Joel Rainwater

Mailing Address 9820 E Thompson Peak Pkwy Unit 828

City State Zip Code
Scottsdale AZ 85255-6663

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVDI Medical ImagingOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	7	

Transaction ID: 22292127

Amount of Each Receipt this Period

260.00

SUBTOTAL of Receipts This Page (optional)

720.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Brent Saunders

Mailing Address Associated Radiologists Ltd
 1125 E Southern Ave Ste 300

City State Zip Code
 Mesa AZ 85204-5046

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 EVDI Medical Imaging

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292128

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

B. Dr. Joel Schein

Mailing Address Associated Radiologists Ltd
 1125 E Southern Ave Ste 300

City State Zip Code
 Mesa AZ 85204-5046

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 EVDI Medical Imaging

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292129

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

C. Dr. Mari Schenk

Mailing Address 15114 E Ridgeway Dr

City State Zip Code
 Fountain Hills AZ 85268-4842

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 EVDI Medical Imaging

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292130

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)

845.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Marvin Silvey

Mailing Address Associated Radiologists Ltd
 1125 E Southern Ave Ste 300

City State Zip Code
 Mesa AZ 85204-5046

FEC ID number of contributing federal political committee.

C

Name of Employer
EVDI Medical ImagingOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292131

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

B. Dr. Mark Slepian

Mailing Address 9664 E Davenport Dr

City State Zip Code
 Scottsdale AZ 85260-1426

FEC ID number of contributing federal political committee.

C

Name of Employer
EVDI Medical ImagingOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292132

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

C. Dr. Elizabeth Brooke Spencer

Mailing Address 26555 N 86th St

City State Zip Code
 Scottsdale AZ 85255-1460

FEC ID number of contributing federal political committee.

C

Name of Employer
EVDI Medical ImagingOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292133

Amount of Each Receipt this Period

260.00

SUBTOTAL of Receipts This Page (optional)

780.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Marvin Tam

Mailing Address Associated Radiologists LTD
1125 E Southern Ave Ste 200

City State Zip Code
Mesa AZ 85204-5045

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVDI Medical Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292134

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

B. Dr. Thuy Vo

Mailing Address East Valley Diagnostic Imaging
1125 E Southern Ave Ste 300

City State Zip Code
Mesa AZ 85204-5046

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVDI Medical Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292135

Amount of Each Receipt this Period

195.00

Full Name (Last, First, Middle Initial)

C. Dr. Harold Walker

Mailing Address 16420 E Houston Avenue

City State Zip Code
Gilbert AZ 85234-4024

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVDI Medical Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292136

Amount of Each Receipt this Period

260.00

SUBTOTAL of Receipts This Page (optional)

715.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 95

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
Dr. Stephanie Wang
Mailing Address 3415 E Harvard Ave

City State Zip Code
Gilbert AZ 85234-2220

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVDI Medical Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292137

Amount of Each Receipt this Period

260.00

B. Full Name (Last, First, Middle Initial)
Dr. Marc Weinstein
Mailing Address 8379 E Tailfeather Dr

City State Zip Code
Scottsdale AZ 85255-6459

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVDI Medical Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292138

Amount of Each Receipt this Period

195.00

C. Full Name (Last, First, Middle Initial)
Dr. John Booker, JR
Mailing Address PO Box 308

City State Zip Code
Hickory NC 28603-0308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catawba Radiological Asso-
ciates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.66

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292153

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

605.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

Dr. Steven Harlan

Mailing Address PO Box 308

City State Zip Code
Hickory NC 28603-0308

FEC ID number of contributing federal political committee.

C

Name of Employer
Catawba Radiological Asso-
ciates, Inc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.66

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292154

Amount of Each Receipt this Period

150.00

B. Full Name (Last, First, Middle Initial)

Dr. Janet Szabo

Mailing Address 991 18th Avenue Cir NW

City State Zip Code
Hickory NC 28601-1200

FEC ID number of contributing federal political committee.

C

Name of Employer
Catawba Radiological Asso-
ciatesOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.66

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292155

Amount of Each Receipt this Period

150.00

C. Full Name (Last, First, Middle Initial)

Dr. Nicholas Frankel

Mailing Address PO Box 9470

City State Zip Code
Hickory NC 28603-9470

FEC ID number of contributing federal political committee.

C

Name of Employer
Catawba Radiological Asso-
ciates, Inc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.66

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292156

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 95

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. John Bools

Mailing Address Catawba Radiological Assoc
18 13th Ave NE

City State Zip Code
Hickory NC 28601-3748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catawba Radiological Asso-
ciates, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

656.67

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292157

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Dr. Charles Scheil

Mailing Address 281 44th Avenue Cir NW

City State Zip Code
Hickory NC 28601-9016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catawba Radiological Asso-
ciates, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.67

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292158

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Dr. Alan Massengill

Mailing Address Catawba Radiological Assoc
PO Box 308

City State Zip Code
Hickory NC 28603-0308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catawba Radiological Asso-
ciates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.67

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292159

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 95

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Michael Jacobs

Mailing Address 3818 11th Street PI NE

City State Zip Code
Hickory NC 28601-8420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catawba Radiological Asso-
ciates, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.67

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292160

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael Seshul, SR

Mailing Address 1009 13th Avenue PI NW

City State Zip Code
Hickory NC 28601-2300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catawba Radiological Asso-
ciates, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.67

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292161

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Dr. Eric Rautiola

Mailing Address PO Box 308

City State Zip Code
Hickory NC 28603-0308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catawba Radiological Asso-
ciates, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.67

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292162

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 95

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
Dr. Keith Harper
Mailing Address 602 46th Ave Dr NE

City State Zip Code
Hickory NC 28601-7318

FEC ID number of contributing federal political committee.

C

Name of Employer
Boston Medical CenterOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.67

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292163

Amount of Each Receipt this Period

150.00

B. Full Name (Last, First, Middle Initial)
Dr. Richard Curtis
Mailing Address 147 Winwood Cir

City State Zip Code
Granite Falls NC 28630-9558

FEC ID number of contributing federal political committee.

C

Name of Employer
Catawba Radiological Asso-
c.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.67

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292164

Amount of Each Receipt this Period

150.00

C. Full Name (Last, First, Middle Initial)
Dr. Stephen I. Abedon
Mailing Address 222 West 39th Avenue

City State Zip Code
San Mateo CA 94403-4364

FEC ID number of contributing federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical AsOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292165

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Diana Baker

Mailing Address 335 Ambar Way

City State Zip Code
 Menlo Park CA 94025-5801

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292166

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Dr. Edward Baker

Mailing Address California Pacific Medical Ctr
 PO Box 7999

City State Zip Code
 San Francisco CA 94120-7999

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292167

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Dr. Kelly Broderick

Mailing Address 2840 Mariposa Dr

City State Zip Code
 Burlingame CA 94010-5735

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng, M.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292168

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 95

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Vincent BurkeMailing Address Sequoia Hospital
170 Alameda de las PulgasCity State Zip Code
Redwood City CA 94062-2799FEC ID number of contributing
federal political committee.**C**Name of Employer
California Advanced Imagi-
ng Medical AsOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	7

Transaction ID: 22292169

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Dr. Daryl Chinn

Mailing Address 115 Kreuzer Ln

City State Zip Code
Napa CA 94559-3605FEC ID number of contributing
federal political committee.**C**Name of Employer
California Advanced Imagi-
ng Medical AsOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	7

Transaction ID: 22292171

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Dr. William James DeMartini

Mailing Address 126 Terrace Ave

City State Zip Code
Kentfield CA 94904-1531FEC ID number of contributing
federal political committee.**C**Name of Employer
California Advanced Imagi-
ng Medical AsOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	7

Transaction ID: 22292172

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 49 / 95

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Susan Denny

Mailing Address 402 Median Way

City State Zip Code
 Mill Valley CA 94941-3561

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292173

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Dr. Russell Fritz

Mailing Address 487 Green Glen Way

City State Zip Code
 Mill Valley CA 94941-4018

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292174

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Dr. Michael Hollett

Mailing Address 817 Lathrop Dr

City State Zip Code
 Stanford CA 94305-1054

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Associates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292175

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 95

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Brian Johnson

Mailing Address 850 Chiltern Rd

City Hillsborough State CA Zip Code 94010-7028

FEC ID number of contributing federal political committee.

C

Name of Employer
California Advanced Imagi-
ng

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292176

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Dr. Jay Kaiser

Mailing Address CA Advanced Imaging Med Assoc Inc
1260 S Eliseo Dr

City Greenbrae State CA Zip Code 94904-2009

FEC ID number of contributing federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292177

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Dr. Ralph Koenker

Mailing Address PO Box 6102

City Novato State CA Zip Code 94948-6102

FEC ID number of contributing federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292178

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 95

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
Dr. Gregory Lim
Mailing Address 1552 Los Montes Dr

City State Zip Code
Burlingame CA 94010-5964

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292180

Amount of Each Receipt this Period

75.00

B. Full Name (Last, First, Middle Initial)
Dr. Jay Mall
Mailing Address 2151 Laguna St Apt 3

City State Zip Code
San Francisco CA 94115-2332

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292181

Amount of Each Receipt this Period

75.00

C. Full Name (Last, First, Middle Initial)
Dr. David Marcus
Mailing Address 503 Georgetown Ave

City State Zip Code
San Mateo CA 94402-2253

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292182

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 95

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Kathleen McKenna

Mailing Address 154 Gramercy Dr

City

San Mateo

State

CA

Zip Code

94402-1215

FEC ID number of contributing
federal political committee.**C**Name of Employer
California Advanced Imagi-
ng Medical As

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	7

Transaction ID: 22292183

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Dr. Kirk Moon, JR

Mailing Address 1642 16th Ave

City

San Francisco

State

CA

Zip Code

94122-3527

FEC ID number of contributing
federal political committee.**C**Name of Employer
California Advanced Imagi-
ng Medical As

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	7

Transaction ID: 22292184

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Dr. Adam Nevitt

Mailing Address 22 Balclutha Dr

City

Corte Madera

State

CA

Zip Code

94925-1944

FEC ID number of contributing
federal political committee.**C**Name of Employer
California Advanced Imagi-
ng

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	7

Transaction ID: 22292185

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 95

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Dennis Orwig

Mailing Address 25 Wolfe Glen Way

City State Zip Code
 Kentfield CA 94904-1004

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292186

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Dr. Allen Oshita

Mailing Address California Pacific Medical Ctr
 PO Box 7999

City State Zip Code
 San Francisco CA 94120-7999

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292187

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Dr. Damon Sacco

Mailing Address 105 Santa Rosa Ave

City State Zip Code
 Sausalito CA 94965-2049

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292188

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 95

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Jay Scheikowitz

Mailing Address 1465 Crystal Dr

City Hillsborough State CA Zip Code 94010-7309

FEC ID number of contributing federal political committee.

C

Name of Employer
California Advanced Imagi-
ng

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292189

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Dr. John Schrupf

Mailing Address 61 Chanticleer St

City Larkspur State CA Zip Code 94939-1515

FEC ID number of contributing federal political committee.

C

Name of Employer
California Advanced Imagi-
ng

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292190

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Dr. William Stephenson

Mailing Address 815 Vista Rd

City Hillsborough State CA Zip Code 94010-6965

FEC ID number of contributing federal political committee.

C

Name of Employer
California Advanced Imagi-
ng

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292191

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 95

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Susan Stevens

Mailing Address 1040 Bridle Way

City Hillsborough State CA Zip Code 94010-7406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cal Advanced Imaging Med.
Assoc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292192

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Dr. Richard Wheat

Mailing Address Sequoia Hospital
170 Alameda De Las Pulgas

City Redwood City State CA Zip Code 94062-2799

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292193

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Dr. John Wilson, JR

Mailing Address 15 Arcadia PI

City Hillsborough State CA Zip Code 94010-7010

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292194

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 95

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Christopher Yoo

Mailing Address 180 Manchester St

City State Zip Code
 San Francisco CA 94110-5217

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292195

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Dr. James Jelinek

Mailing Address Washington Hospital Center
 110 Irving St NW BA94

City State Zip Code
 Washington DC 20010-2975

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292196

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. Dr. Thomas Sergi

Mailing Address 729 Yorktown Ln

City State Zip Code
 Moorestown NJ 08057-4416

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Jersey Radiology As-
sociates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292251

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

620.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 95

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

Dr. William Rosner

Mailing Address 290 Ames Cir

City State Zip Code
Huntingdon Valley PA 19006-7976

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Jersey Radiology As-
sociates, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22292252

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Dr. David Obley

Mailing Address PO Box 405

City State Zip Code
Irwin PA 15642-0405

FEC ID number of contributing
federal political committee.

C

Name of Employer
R&R Radiology Consultants

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 0 / 2 0 0 7

Transaction ID: 22294432

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. Roy Moss

Mailing Address 2710 Jeremy Ct Apt C

City State Zip Code
Baltimore MD 21209-3018

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 0 / 2 0 0 7

Transaction ID: 22294434

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 95

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) Dr. Fred Vernacchia Mailing Address 1100 Monterey St Ste 210 City State Zip Code San Luis Obispo CA 93401-3102 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7 Transaction ID: 22294435 Amount of Each Receipt this Period 500.00
Name of Employer San Luis Diagnostic Center, L.P. Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Dr. John Bolen, JR Mailing Address Galax Radiology 110 Valley St City State Zip Code Galax VA 24333-2224 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7 Transaction ID: 22294439 Amount of Each Receipt this Period 250.00
Name of Employer Mountain Empire Rad Consultant Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Dr. Peter Arger Mailing Address Univ of Pennsylvania Hospital 3400 Spruce St City State Zip Code Philadelphia PA 19104-4274 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7 Transaction ID: 22294440 Amount of Each Receipt this Period 250.00
Name of Employer Univ of Pennsylvania Hospital Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Dale Sponaugle

Mailing Address 175 Koster Row

City State Zip Code
 Amherst NY 14226-3444

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 0 / 2 0 0 7

Transaction ID: 22294442

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr. Charles Zachar

Mailing Address 2100 S Border Ave

City State Zip Code
 Inverness FL 34452-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Citrus Radiology Associat-
es

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 0 / 2 0 0 7

Transaction ID: 22294943

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Neal Abdullah

Mailing Address 3115 Forrester S

City State Zip Code
 Bloomington IN 47401-2404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana U Sch of Med/U Ho-
sp

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 0 / 2 0 0 7

Transaction ID: 22294944

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 95

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Donald Hulnick

Mailing Address 72 Golf Ln

City

Ridgefield

State

CT

Zip Code

06877-4838

FEC ID number of contributing
federal political committee.**C**Name of Employer
Danbury Radiological Asso-
c.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	0	7

Transaction ID: 22294945

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr. William Wahl

Mailing Address 3137 Marlin Dr

City

Longmont

State

CO

Zip Code

80503-7892

FEC ID number of contributing
federal political committee.**C**Name of Employer
Rocky Mountain Medical Im-
aging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	0	7

Transaction ID: 22294947

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Yiu-Kai Aaron Fu

Mailing Address 13028 7th Ave NW

City

Seattle

State

WA

Zip Code

98177-4243

FEC ID number of contributing
federal political committee.**C**Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	8	/	2	0	0	7

Transaction ID: 22408914

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 95

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. John Limbacher, II

Mailing Address Putnam Radiology PC
315 N Washington Ave Ste 209

City State Zip Code
Cookeville TN 38501-2660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Putnam Radiology, PC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: 22408916

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael SanDretto

Mailing Address 467 Hawthorne St

City State Zip Code
Neenah WI 54956-4662

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Fox Valley

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: 22408917

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Charles Heller

Mailing Address 280 Whites Hill Ln

City State Zip Code
Fairfield CT 06824-2176

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Radiology Consul-
tants

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: 22408922

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 95

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Cathrine Keller

Mailing Address 30049 Johnsons Point Rd

City State Zip Code
 Leesburg FL 34748-9214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Central FL

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 8 / 2 0 0 7

Transaction ID: 22408923

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Mark Dannenbaum

Mailing Address 9 Shingle Oak Dr

City State Zip Code
 Voorhees NJ 08043-1553

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Jersey Radiology As-
sociates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 8 / 2 0 0 7

Transaction ID: 22408925

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Brian Petersen

Mailing Address 1645 Olive St

City State Zip Code
 Denver CO 80220-1823

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rocky Mountain Radiologis-
ts, P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 8 / 2 0 0 7

Transaction ID: 22408926

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 95

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) Dr. H Kim Mailing Address 4701 Connecticut Ave NW Apt 406 City Washington State DC Zip Code 20008-5625 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7 Transaction ID: 22408927 Amount of Each Receipt this Period 250.00
Name of Employer Drs. Groover, Christie, & Merritt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 250.00
B. Full Name (Last, First, Middle Initial) Dr. Paul Leehey, III Mailing Address 414 29th St S City La Crosse State WI Zip Code 54601-6013 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7 Transaction ID: 22408955 Amount of Each Receipt this Period 250.00
Name of Employer Gunderson/Lutheran Hosp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 250.00
C. Full Name (Last, First, Middle Initial) Dr. Jeffrey Roesch Mailing Address 8325 Rudder Falls Way City Knoxville State TN Zip Code 37919-9034 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7 Transaction ID: 22408956 Amount of Each Receipt this Period 500.00
Name of Employer Vista Radiology, P.C. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Interventional Radiologist Aggregate Year-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 95

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
Dr. Victor Marcial

Mailing Address PO Box 360816

City State Zip Code
 San Juan PR 00936-0816

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital of Auxilio Mufuo

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 8 / 2 0 0 7

Transaction ID: 22408957

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr. Mark McCaslin

Mailing Address 6919 Providence Estates Dr S

City State Zip Code
 Mobile AL 36695-4601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiologists, P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 8 / 2 0 0 7

Transaction ID: 22408958

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Dr. Robert Hannon

Mailing Address Salem Radiology
23 Stiles Rd

City State Zip Code
 Salem NH 03079-4868

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salem Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 8 / 2 0 0 7

Transaction ID: 22408963

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
Dr. Thomas Pugh, JR
Mailing Address 3547 Lakeshore Dr

City State Zip Code
Kingsport TN 37663-3372

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Ridge Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: 22408964

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr. Charles Girard
Mailing Address Saint Francis Hospital
6161 S Yale Ave

City State Zip Code
Tulsa OK 74136-1902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Tulsa

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: 22408966

Amount of Each Receipt this Period

365.00

C. Full Name (Last, First, Middle Initial)
Dr. Stephen Smith
Mailing Address 4501 Jewelwood Ct

City State Zip Code
Peoria IL 61615-8935

FEC ID number of contributing
federal political committee.

C

Name of Employer
Methodist Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: 22408969

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

Dr. Mark Salerno

Mailing Address 101 Alder Lane

City State Zip Code
 Franklin PA 16323-1801

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Pennsylvania
Medical Cen

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 8 / 2 0 0 7

Transaction ID: 22408970

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. Mark Bernardy

Mailing Address 1031 Jimson Dr SE

City State Zip Code
 Conyers GA 30013-2064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 9 / 2 0 0 7

Transaction ID: 22520186

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. Bernard Masters, III

Mailing Address 6 Misty Ln

City State Zip Code
 Greenville SC 29615-6048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Univ of South Car-
olin

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 9 / 2 0 0 7

Transaction ID: 22520187

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 95

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. John Hutchison, JR

Mailing Address 129 Lick Branch Rd

City State Zip Code
 Bristol TN 37620-4516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Ridge Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 9 / 2 0 0 7

Transaction ID: 22520188

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr. Clifford Douglas Phillips

Mailing Address 4630 Mockernut Ln

City State Zip Code
 Earlysville VA 22936-9699

FEC ID number of contributing
federal political committee.

C

Name of Employer
UVA Health Systems

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 9 / 2 0 0 7

Transaction ID: 22520189

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Steven Miller

Mailing Address 23 Moffat Rd

City State Zip Code
 Waban MA 02468-1112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newton Wellesley Hosp

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 9 / 2 0 0 7

Transaction ID: 22520193

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 95

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) Dr. Michael Raskin Mailing Address 144 N Sewalls Point Rd City State Zip Code Sewalls Point FL 34996-6502 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7 Transaction ID: 22520194 Amount of Each Receipt this Period 250.00
Name of Employer Michael M. Raskin, P.A. Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		
B. Full Name (Last, First, Middle Initial) Dr. Paul Ellenbogen Mailing Address 6612 Cliffbrook Dr City State Zip Code Dallas TX 75254-8613 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7 Transaction ID: 22520195 Amount of Each Receipt this Period 500.00
Name of Employer Southwest Imaging & Interventional specialists Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00		
C. Full Name (Last, First, Middle Initial) Dr. Mark Yuhasz Mailing Address 3203 Horsehead Bay Dr NW City State Zip Code Gig Harbor WA 98335-5854 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7 Transaction ID: 22520196 Amount of Each Receipt this Period 250.00
Name of Employer Tacoma Radiology Associates Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 95

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Marcela Bohm-VelezMailing Address Weinstein Imaging Associates
5850 Centre AveCity State Zip Code
Pittsburgh PA 15206-3780FEC ID number of contributing
federal political committee.**C**Name of Employer
Weinstein Imaging Associa-
tesOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1833.37

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	0	7

Transaction ID: 22520266

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr. Raja Cheruvu

Mailing Address 165 Via Foresta Ln

City State Zip Code
Williamsville NY 14221-1984FEC ID number of contributing
federal political committee.**C**Name of Employer
Baylor College of MedicineOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	0	7

Transaction ID: 22520267

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr. Rife Huckabee

Mailing Address 3720 Rabbit Creek Ct

City State Zip Code
Theodore AL 36582-2505FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiology Associates of
MobileOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	0	7

Transaction ID: 22520268

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

241.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 95

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

Dr. Michael Brannon

Mailing Address 7 Foxglove Ct

City State Zip Code
 Greenville SC 29615-5505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 2 9 / 2 0 0 7

Transaction ID: 22520269

Amount of Each Receipt this Period

42.00

B. Full Name (Last, First, Middle Initial)

Dr. Elizabeth D'Angelo

Mailing Address 108 Bur Ben Ln

City State Zip Code
 New Bern NC 28560-7520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 2 9 / 2 0 0 7

Transaction ID: 22520270

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

Dr. Bruce Schroeder

Mailing Address 738 Lexington Dr

City State Zip Code
 Greenville NC 27834-0507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 2 9 / 2 0 0 7

Transaction ID: 22520271

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

182.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 95

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Kerry Chandler

Mailing Address 4100 Mullcroft PI

City

Fuquay Varina

State

NC

Zip Code

27526-8658

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: 22520272

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr. James Hiken

Mailing Address 7109 Cove Pointe PI

City

Prospect

State

KY

Zip Code

40059-9680

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diag. Imaging Alliance of
Louisville

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: 22520273

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Dr. Edward Sullivan, III

Mailing Address Radiology Assoc of Birmingham
2090 Columbiana Rd Ste 4400

City

Birmingham

State

AL

Zip Code

35216-2153

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Birmingham

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: 22520274

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 95

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

Dr. Stuart Moses

Mailing Address 14 Timber Dr

City State Zip Code
 North Caldwell NJ 07006-4406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 9 / 2 0 0 7

Transaction ID: 22520275

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)

Dr. Randall Stickney

Mailing Address 10620 S 77th East Ave

City State Zip Code
 Tulsa OK 74133-6837

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oklahoma State Rad Society

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 9 / 2 0 0 7

Transaction ID: 22520293

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)

Dr. Robert Newman

Mailing Address 913 Southview PI NE

City State Zip Code
 Lenoir NC 28645-3755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lenoir Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 9 / 2 0 0 7

Transaction ID: 22520295

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 95

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
Dr. Mary Pomeroy

Mailing Address 2625 Rolling Hills Dr

City State Zip Code
Monroe NC 28110-8408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	0	7

Transaction ID: 22520296

Amount of Each Receipt this Period

42.00

B. Full Name (Last, First, Middle Initial)
Dr. Richard Redvanly

Mailing Address 4315 Gosford Pl

City State Zip Code
Charlotte NC 28277-4546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	0	7

Transaction ID: 22520297

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)
Dr. Deborah Agisim

Mailing Address 5600 Laurium Rd

City State Zip Code
Charlotte NC 28226-5610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	0	7

Transaction ID: 22520298

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

122.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 95

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Amy Sobel

Mailing Address 11104 Creek Point Dr

City State Zip Code
Matthews NC 28105-7702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: 22520299

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dr. Alfred Mansour, JR

Mailing Address Central LA Imaging Inc
3704 North Blvd Ste A

City State Zip Code
Alexandria LA 71301-3606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central LA Imaging Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: 22520300

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Dr. Varian C. Scott, III

Mailing Address Radiology Assoc of Birmingham PC
2090 Columbiana Rd Ste 4400

City State Zip Code
Birmingham AL 35216-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Assoc of Birmin-
gham

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: 22520301

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

158.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 95

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Jeffrey Magnuson

Mailing Address 3493 Siems Ct

City State Zip Code
 Arden Hills MN 55112-3639

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Paul Radiology, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 9 / 2 0 0 7

Transaction ID: 22520302

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dr. Joel Wissing

Mailing Address Charlotte Radiology
 PO Box 36937

City State Zip Code
 Charlotte NC 28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 9 / 2 0 0 7

Transaction ID: 22520303

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Dr. Gilbert Parker, JR

Mailing Address 2763 Brownfield Way

City State Zip Code
 Sumter SC 29150-2254

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sumter Radiological, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 9 / 2 0 0 7

Transaction ID: 22520304

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

85.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 95

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) Dr. Gerald Dodd, III Mailing Address Univ of Texas Hlth Sci Ctr 7703 Floyd Curl Dr City San Antonio State TX Zip Code 78229-3901 FEC ID number of contributing federal political committee. C Name of Employer Univ of Texas Hlth Sci Ctr Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 916.74		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7 Transaction ID: 22520305 Amount of Each Receipt this Period 83.34
B. Full Name (Last, First, Middle Initial) Dr. Mark Alson Mailing Address 6641 N Forkner Ave City Fresno State CA Zip Code 93711-1326 FEC ID number of contributing federal political committee. C Name of Employer Sierra Imaging Associates Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7 Transaction ID: 22520306 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) Dr. William Way, JR Mailing Address 7713 Oakmont PI City Raleigh State NC Zip Code 27615-5492 FEC ID number of contributing federal political committee. C Name of Employer Wake Radiology Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 640.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7 Transaction ID: 22520307 Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional)

173.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 95

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

Dr. Toby C. Cole, JR

Mailing Address PO Box 2959

City State Zip Code
 Asheville NC 28802-2959

FEC ID number of contributing federal political committee.

C

Name of Employer
Asheville Radiology Assoc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 2 9 / 2 0 0 7

Transaction ID: 22520309

Amount of Each Receipt this Period

20.00

B. Full Name (Last, First, Middle Initial)

Dr. Dale Shaw

Mailing Address 3601 Sharon Rd

City State Zip Code
 Charlotte NC 28211-3325

FEC ID number of contributing federal political committee.

C

Name of Employer
Charlotte RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 2 9 / 2 0 0 7

Transaction ID: 22520310

Amount of Each Receipt this Period

42.00

C. Full Name (Last, First, Middle Initial)

Dr. Jugesh Cheema

Mailing Address 4333 Bell Rd Unit 1514

City State Zip Code
 Newburgh IN 47630-8168

FEC ID number of contributing federal political committee.

C

Name of Employer
Medical Center of DelawareOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 2 9 / 2 0 0 7

Transaction ID: 22520311

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

102.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 95

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

Dr. Ira Adler

Mailing Address 1811 Bloomsbury Rd

City State Zip Code
 Greenville NC 27858-9617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 2 9 / 2 0 0 7

Transaction ID: 22520312

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)

Dr. Roger Thomas

Mailing Address 1636 Anita Ln

City State Zip Code
 Newport Beach CA 92660-4804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newport Harbor Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 2 9 / 2 0 0 7

Transaction ID: 22520314

Amount of Each Receipt this Period

42.00

C. Full Name (Last, First, Middle Initial)

Dr. Kay Lozano

Mailing Address 8100 E Union Ave Apt 2104

City State Zip Code
 Denver CO 80237-2979

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Imaging Associa-
tion

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.41

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 2 9 / 2 0 0 7

Transaction ID: 22520315

Amount of Each Receipt this Period

45.63

SUBTOTAL of Receipts This Page (optional)

127.63

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 95

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
Dr. Marc Glickstein

Mailing Address 962 Mott Hill Rd

City	State	Zip Code
S Glastonbury	CT	06073-3708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jefferson X-RayOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

Transaction ID: 22522139

Amount of Each Receipt this Period

20.00

B. Full Name (Last, First, Middle Initial)
Dr. John Rogers

Mailing Address 802 West Gap Creek Road

City	State	Zip Code
Greer	SC	29651-5065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

Transaction ID: 22522140

Amount of Each Receipt this Period

42.00

C. Full Name (Last, First, Middle Initial)
Dr. William Ketcham, II

Mailing Address 8824 Wildflower Dr

City	State	Zip Code
Cheyenne	WY	82009-1215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baylor College of MedicineOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

Transaction ID: 22522141

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

102.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 95

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
Dr. Shane Kraske
Mailing Address 37 Columbine Ct

City State Zip Code
Iowa City IA 52246-8716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiologic Medical Services,
Coralville

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: 22522142

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Dr. Richard Sullivan
Mailing Address 1705 Pine Ave

City State Zip Code
Manhattan Beach CA 90266-5010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hill Medical Corp

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: 22522879

Amount of Each Receipt this Period

365.00

C. Full Name (Last, First, Middle Initial)
Dr. Timothy Bernauer
Mailing Address 13 Pintail Pl

City State Zip Code
Appleton WI 54913-8068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Appleton

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: 22522880

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 95

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
Dr. Spencer Smith

Mailing Address 3400 Overton Park Dr W

City State Zip Code
Fort Worth TX 76109-2504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: 22522881

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

53555.09

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 95

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Vanguard

Mailing Address PO Box 13750

City

Philadelphia

State

PA

Zip Code

19101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

11655.04

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: 22731048

Amount of Each Receipt this Period

1009.41

SUBTOTAL of Receipts This Page (optional)

1009.41

TOTAL This Period (last page this line number only)

1009.41

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 83 / 95

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. People For English

Mailing Address PO Box 1940

City Erie State PA Zip Code 16507

Purpose of Disbursement

Candidate Name
Rep. Phil English

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 3

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 21996363

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

B. Berkley For Congress

Mailing Address 3069 Conquista Court

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement

Candidate Name
Rep. Shelley Berkley

Office Sought: ☒ House
☐ Senate
☐ President

State: NV District: 1

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 22000216

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

C. Harvest Pac

Mailing Address 236 Massachusetts Avenue NE #508

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21998166

Date of Disbursement

11 / 05 / 2007

Amount of Each Disbursement this Period

2500.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 84 / 95

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Friends Of Lois Capps

Mailing Address PO Box 23940

City
Santa Barbara

State
CA

Zip Code
93121

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Lois Capps

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: 21940454

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Committee

Mailing Address 425 Second Street Northeast

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 22112646

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

C. John Lewis For Congress

Mailing Address 1520 Pinehurst Drive Sw

City
Atlanta

State
GA

Zip Code
30311

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. John Lewis

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 5

Transaction ID: 22112352

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

12000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 85 / 95

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Citizens For Harkin

Mailing Address P O Box 811

City
Des Moines

State
IA

Zip Code
50304

Purpose of Disbursement

011

Category/
Type

Candidate Name
Sen. Tom Harkin

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: IA District: 2

Transaction ID: 22112664

Date of Disbursement

11 / 07 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mark Pryor For Us Senate

Mailing Address PO Box 2720

City
Little Rock

State
AR

Zip Code
72203

Purpose of Disbursement

011

Category/
Type

Candidate Name
Sen. Mark Pryor

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: AR District: 2

Transaction ID: 21940471

Date of Disbursement

11 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. The Freedom Project

Mailing Address 424 C Street, N.E.
Basement Unit

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21940479

Date of Disbursement

11 / 07 / 2007

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 86 / 95

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. The Freedom ProjectMailing Address 424 C Street, N.E.
Basement Unit

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 22112663

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	7	/	2	0	7	

Amount of Each Disbursement this Period

1500.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

B. People For English

Mailing Address PO Box 1940

City Erie State PA Zip Code 16507

Purpose of Disbursement

Candidate Name
Rep. Phil EnglishOffice Sought: ☒ House
☐ Senate
☐ President

State: PA District: 3

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 21996698

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	7	

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

C. Citizens For Harkin

Mailing Address P O Box 811

City Des Moines State IA Zip Code 50304

Purpose of Disbursement

Candidate Name
Sen. Tom HarkinOffice Sought: ☐ House
☒ Senate
☐ President

State: IA District: 2

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 21991729

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	7	

Amount of Each Disbursement this Period

2000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City
Fremont

State
CA

Zip Code
94537

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Fortney Peter Stark

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 13

Transaction ID: 21990927

Date of Disbursement

11 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Next Century Fund

Mailing Address 116 S Royal Street

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement

011
Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 22002904

Date of Disbursement

11 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Tim Murphy For Congress

Mailing Address PO Box 24551

City
Pittsburgh

State
PA

Zip Code
15234

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Tim F. Murphy

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 18

Transaction ID: 21998807

Date of Disbursement

11 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. John Kerry For Senate

Mailing Address 10 G Street Ne
Suite 710

City Washington State DC Zip Code 20002

Purpose of Disbursement

011
Category/
Type

Candidate Name
Sen. John Kerry

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 2

Transaction ID: 22001969

Date of Disbursement

11 / 09 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Klein For Congress

Mailing Address 21301 Powerline Road Suite 204

City Boca Raton State FL Zip Code 33433

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Ronald Klein

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 22

Transaction ID: 21999384

Date of Disbursement

11 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Frank Pallone, Jr.

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 6

Transaction ID: 21921976

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Shore PAC

Mailing Address P.O. Box 3157

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21921824

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Tim Johnson For South Dakota Inc

Mailing Address PO Box 1859

City State Zip Code
Sioux Falls SD 57101

Purpose of Disbursement

Candidate Name
Sen. Tim Johnson

Office Sought: ☐ House
☒ Senate
☐ President

State: SD District: 1

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 22125626

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Pete Sessions For Congress 2006

Mailing Address Post Office Box 38585

City State Zip Code
Dallas TX 75238

Purpose of Disbursement

Candidate Name
Rep. Pete Sessions

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 32

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 22125624

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. David Scott For Congress

Mailing Address 162 Hurt Street Ne

City Atlanta State GA Zip Code 30307

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. David A. Scott

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 13

Transaction ID: 22059278

Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. David Scott For Congress

Mailing Address 162 Hurt Street Ne

City Atlanta State GA Zip Code 30307

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. David A. Scott

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 13

Transaction ID: 22125644

Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Charles A Gonzalez Congressional Campaign

Mailing Address PO Box 12612

City San Antonio State TX Zip Code 78212

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Charles A. Gonzalez

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 20

Transaction ID: 22125663

Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Friends Of Gordon Smith

Mailing Address 228 S Washington Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name
Sen. Gordon Smith

Office Sought: ☐ House
☒ Senate
☐ President

State: OR District: 2

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 22125479

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

B. Mike Ross For Congress Committee

Mailing Address PO Box 360

City Prescott State AR Zip Code 71857

Purpose of Disbursement

Candidate Name
Rep. Michael Ross

Office Sought: ☒ House
☐ Senate
☐ President

State: AR District: 4

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 22125641

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

C. Citizens For Altmire

Mailing Address PO Box 1776

City Freedom State PA Zip Code 15042

Purpose of Disbursement

Candidate Name
Mr. Jason Altmire

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 4

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 22250733

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City
Jenkintown

State
PA

Zip Code
19046

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Allyson Schwartz

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: 22251921

Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Todd Akin For Congress

Mailing Address PO Box 31222

City
St Louis

State
MO

Zip Code
63131

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Todd Akin

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 2

Transaction ID: 22251907

Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Patrick Murphy For Congress

Mailing Address P.O. Box 868

City
Levittown

State
PA

Zip Code
19058

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Patrick Murphy

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 8

Transaction ID: 22251919

Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Charles Boustany Jr Md For Congress Inc

Mailing Address Post Office Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Charles W. Boustany, Jr.

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: LA District: 7

Transaction ID: 22255583

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Friends of Max Baucus

Mailing Address Box 586

City Helena State MT Zip Code 59624

Purpose of Disbursement

011
Category/
Type

Candidate Name
Max Baucus

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MT District: 1

Transaction ID: 22125481

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Reed Committee

Mailing Address PO Box 8628

City Cranston State RI Zip Code 02920

Purpose of Disbursement

011
Category/
Type

Candidate Name
Sen. Jack Reed

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General ☐ Other (specify) ▼

State: RI District: 1

Transaction ID: 21940470

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Mike Crapo For Us Senate

Mailing Address PO Box 1948

City
Boise

State
ID

Zip Code
83701

Purpose of Disbursement

011

Category/
Type

Candidate Name
Sen. Mike Crapo

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District: 2

Transaction ID: 22250793

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Ron Lewis For Congress

Mailing Address PO Box 307

City
Elizabethtown

State
KY

Zip Code
42702

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Ron Lewis

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 2

Transaction ID: 22250740

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Giffords For Congress

Mailing Address PO Box 12886

City
Tucson

State
AZ

Zip Code
85732

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Gabrielle Giffords

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 8

Transaction ID: 22250774

Date of Disbursement

11 / 18 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

72000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address P.O. Box 27025

City
Richmond

State
VA

Zip Code
23261-7025

Purpose of Disbursement
Bank Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 22731051

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2007

Amount of Each Disbursement this Period

1073.94

Bank Fees

SUBTOTAL of Disbursements This Page (optional) ►

1073.94

TOTAL This Period (last page this line number only) ►

1073.94